[redacted]

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

DOH Consumer Services

JUL 29 2019

Submit form to:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, Florida 32399-3275

Part I: Practitioner Information

Section 456.0495, Florida Statutes, requires an adverse incident, defined as an event associated with a planned out-of- hospital birth over which a physician licensed under Chapter 458 or Chapter 459, a nurse midwife certified under part I of Chapter 464, or a midwife licensed under chapter 467 could exercise control, to be reported to the Department of Health within 15 days of the incident. Adverse incidents include maternal death; maternal hemorrhagic shock or transfusion; fetal or newborn death including a stillbirth; certain traumatic physical or neurological birth injuries; or a transfer of a newborn to a neonatal intensive care unit under specific circumstances. ***This form does not replace any other adverse incident report required by the statutes and rules governing your specific profession.***

Practitioner Name: Diane Albright, LM
License Number: MW113

Part II: Adverse Incident General Information

Incident Date: 7/11/19 **Incident Time:** Birth 0713 Transfer 1426

Address where incident ocurred: 1110 Lexington Green Ln

City: Sanford **State:** FL **ZIP:** 32771

This address is a:

- ☐ Home/Private Residence
- ☐ Physician's Office
- ☑ Birthing Center (specify name): Heart 2 Heart B.C.
- ☐ Other (please specify):

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☑ The maternal patient was transferred to a hospital intensive care unit. admitted after surgery, stayed overnight
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.

  ☐ Y ☐ N The fetal or newborn death was a stillbirth.

- ☐ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.

  ☐ Y ☐ N This transfer occurred due to a brachial plexus injury.

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary. Page 1 of 2

2/11/19 Throughout IP period at BC (00:00-07:05) vitals baseline range was: B/P 113/71 - 155/99, P. 102-144, T. 97.0-97.8. Pt had SVD @ 0713 and initial 250 ml lochia in first PP hour.
10:15 @ 3 hrs PP, vitals were B/P 120/81, P. 135, T. 98.1. Approx 140 ml lochia with expulsion of small clots.
10:18 IV hydration therapy with 1000 ml D5LR and 20 units pitocin in bag
11:25 Initial bag IV fluids finished and second bag 1000 ml D5LR started at slow drip rate B/P 110/68, P. 120 T 97.8
12:15 Unable to perform bladder catheterization due to pt discomfort, detected laceration
12:28 Voided large qty and expelled moderate sized clot B/P 118/70, P. 128, T. 98.1
1300 Pt had eater, napped and stated she felt very good. Discussed possibility of transfer since she was well into second IV bag and pulse was still elevated. Advised that we would transfer if she had another episode of passing clots or above normal lochia flow.
1400 Pt. expelled another moderate sized clot with uterine massage. B/P 122/68 P 144. Transfer initiated total EBL 570 ml approx.
(cont'd on attached page)

Part IV: Patient Identification

[redacted]

Part V: Practitioner Signature

Diane Albright, Lm
Practitioner Signature

7/23/19 17:00
Date/Time Report Completed

[redacted]

7/11/19

1426 Departed BC via EMS to Central Florida Regional Hospital — report had been given to L&D charge nurse and ER MD Dr. Snyder.

per hospital records/1433 Hospital records report vitals @ 1433 were —
B/P 133/64 P. 164 T. 36.9c R. 20 O_2 96
Labs: hgb 9.2 hct 26.5 plt. 274

Pt received add'l pitocin and methergine. Was taken to OR and prior to anesthesia received 2 units packed red blood cells.

The following was found and repaired under anesthesia:
2 cm cervical laceration, tubular laceration and vulvar tear, 1st degree hymeral tear/vag wall.
Pt then received 1 unit packed red blood cells - EBL 500ml

Pt was stable at end of procedure and moved to recovery room in PACU, initially sent to ICU with uneventful overnight stay and moved to PP floor on POD #1. Hgb was 7.4 and pulse 120's so she was given another unit of packed RBCs (This totals 4)

Remainder of hospital stay was uneventful.

Pt discharged on 7/13/19. Will follow normal course of PP care with Dr. Pierre-Lambert @ CFRH and the midwives @ H2H Birth Center.

HEART TO HEART BIRTH CENTER-SEM231
1110 LEXINGTON GREEN LANE
SANFORD, FLORIDA 32771
PHONE: 407-322-9944

32814000 FL 328

26 JUL 2019 PM 4 L

Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, Fl 32399-3275

32399-327599

[redacted]

DOH Consumer Services

FEB 22 2019

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

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Tallahassee, Florida 32399-3275

Part I: Practitioner Information

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Practitioner Name: Jordan Shockley

License Number: MW 374

Part II: Adverse Incident General Information

Incident Date: January 30, 2019 **Incident Time:** Discovered breech presentation1437

Address where incident ocurred: 800 Central Ave

City: Sarasota **State:** Florida **ZIP:** 34236

This address is a:

- ☐ Home/Private Residence
- ☐ Physician's Office
- ☒ Birthing Center (specify name): Rosemary Birthing Home
- ☐ Other (please specify):

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.
  - ☐ Y ☒ N The fetal or newborn death was a stillbirth.
- ☒ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☐ N This transfer occurred due to a brachial plexus injury.

☒ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

At 0700 on 1/30/2019 Pt arrived at Rosemary Birthing Home in labor, with plans for a birth center birth. Uncomplicated pregnancy and labor, she appeared well with no signs of distress, all vital signs WNL. Baby palpated to be in vertex position, FHT clearly auscultated on lower abdomen, BBOW upon SVE. She was admitted to care and her labor progressed normally. At 1437 decision was made to AROM. After AROM, LM palpated baby to be in breech position, with both feet presenting. The mother was informed of the breech position and the need for transport. EMS was activated at 1439, the mother exited birth tub and ambulated to bed. Both feet were visible at introitus. Breech birth appeared to be imminent, the mother was having regular strong contractions. EMS arrived and were given report of the situation, FHT were heard and WNL. The first foot was delivered shortly after EMS arrival and the decision was made to continue the delivery at the birth center instead of possible delivery in the ambulance. FHT were observed and WNL. The baby was delivered to the head, LM unable to reach baby's face to complete delivery, dt the infant being in sacrum posterior position. Decision made to transport to hospital, attempts made to complete delivery en route. Baby was born at Sarasota Memorial Hospital. Baby was transferred for NICU support, and was airlifted to All Children's Hospital to receive Level 3 NICU care.

Part IV: Patient Identification

Patient Name: [redacted]

Patient Address: [redacted]

City: [redacted] **State:** [redacted] **ZIP:** [redacted]

Part V: Practitioner Signature

Jordan C Shockley
Practitioner Signature

2/21/2019 @ 6:05 pm
Date/Time Report Completed

HELLOFAX

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3. Enter Access Code: bcd99fa18e

[redacted]

Fax

From

Harmony Miller LM, CPM/
Rosemary Birthing Home

To

Attn Gerry Neilson
DOHbConsumer Services

Number of pages

3

Message

Please find attached the Adverse Event Report for infant [redacted]
Please confirm receipt.

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

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Practitioner Name: Harmony Miller LM, CPM

License Number: MW195

Part II: Adverse Incident General Information

Incident Date: 3/29/19 **Incident Time:** _____

Address where incident ocurred: 3920 Bee Ridge Rd Bldg A Suite CSarasota Childrens Clinic

City: Sarasota **State:** Fl **ZIP:** 34233

This address is a:

- ☐ Home/Private Residence
- ☒ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.
  - ☐ Y ☐ N The fetal or newborn death was a stillbirth.
- ☐ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☒ N This transfer occurred due to a brachial plexus injury.

☒ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

NSVD of viable male. 39+1 WGA at delivery. APGARS 9,9. Baby breathed spontaneously. No s/s of RDS. Breastfeeding normally. Normal postpartum course. Mother/family received postpartum and newborn care instruction. Instructed to call pediatrician. A written agreement with ped on file to see baby within 24 hours of birth. SPO2 at discharge from birth center 98, 99. Baby was discharged to carseat. Family went home. Scheduled home visits with midwife and nurse made for postpartum follow up. Reported to pediatrician next morning. At pediatrician baby vomited during infant physical. Pediatrician was concerned baby had aspirated milk and initiated EMS. Baby transported to Sarasota Memorial Hospital and admitted to NICU. Baby vomited again in NICU and was then showing signs of RDS, namely tachycardia. SPO2 WNL. Baby transported for evaluation to All Childrens higher level NICU. After over night eval parents were advised all WNL and they would be discharged. Likely an overactive gag reflex. After which baby had a single bradycardic episode. This prompted a weeks evaluation. Baby was kept for evaluation. Breastfeeding normally. No longer on antibiotics. No additional episodes occurred. Discharged to home on day 8 after birth.

Part IV: Patient Identification

Patient Name: [redacted]

Patient Address: [redacted]

City: [redacted] **State:** [redacted] **ZIP:** [redacted]

Part V: Practitioner Signature

Practitioner Signature

4/5/19 0822

Date/Time Report Completed

Adverse Incident Report for Planned Out-of-Hospital Births

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Practitioner Name: Jacinda Golden
License Number: MW315

Part II: Adverse Incident General Information

Incident Date: 10-13-2018 **Incident Time:** 0917

Address where incident ocurred: [redacted]

City: [redacted] **State:** [redacted] **ZIP:** [redacted]

This address is a:

- ☒ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.
  - ☐ Y ☐ N The fetal or newborn death was a stillbirth.
- ☒ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☒ N This transfer occurred due to a brachial plexus injury.

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

Patient [redacted] was admitted in active labor at 41 week 3days on 10-12-18 at 2145 following spontaneous rupture of membranes reported at 10-11-18 at and confirmed by midwife on 10-11-18 at 2000. Patient had been reporting clear fluid and temperature less than 100.4°F since rupture of membranes. IV antibiotics were given by midwife on 10-12-18 at 2217 for Prolonged rupture of membranes. Patient continued to labor at home with routine monitoring of mother and baby by midwife.
Patient was completely dilated and pushing spontaneously on 10-13-18 at 0650. Fetal heart tones were assessed every 5 minutes while the patient was pushing and remained in a normal range until 0911 when a late deceleration to 90 bpm was heard. At this time the patient was crowning and after this deceleration Fetal heart tones could not be heard. The head was born spontaneously at 0916 on 10-13-18 followed by the birth of the neonate at 0917 on 10-13-18, a single looped nuchal cord was present and the neonate was non-vigorous. Thick meconium was seen with the birth of the head and body.

Part IV: Patient Identification

Patient Name [redacted]

Patient Addr [redacted]

City [redacted] **State:** [redacted] **ZIP:** [redacted]

Part V: Practitioner Signature

Practitioner Signature

10-18-2018 / 2114
Date/Time Report Completed

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

~~The~~ I, the midwife, immediately dried, stimulated, and suctioned the neonate with a bulb syringe. The baby was on the mothers chest, the cord was not pulsating and no respiratory attempt was made. Immediately after this initial assessment I requested EMS be called and started PPV with a bag/mask. While I did this the assisting midwife listened for breath sounds and heart rate. She shook her head and handed me the stethoscope. She then took over PPV while I listened to the neonate. There were no breath sounds and heart rate was absent. I began chest compressions coordinated with PPV per NRP guidelines. 1 minute APGAR was 0. PPV was not effective at ventilating the lungs, presumably due to meconium aspiration, although we continued NRP until EMS arrived at 0923. The cord was then cut by assisting midwife and I carried the neonate to the ambulance, continuing with chest compressions. Assisting midwife remained with the mother to manage third stage. En route to the hospital I continue chest compressions. There were Three EMTs/Paramedics on board. One was clearly the lead and took over assessment of the neonate, one EMT managed the airway with PPV and the third administered epinephrine and reported vitals. The lead EMT attempted an advanced airway and chest rise was seen but the tube was pulled out. I do not no why.

Part IV: Patient Identification

Patient Name [redacted]

Patient Addre [redacted]

City [redacted]

Part V: Practitioner Signature

Practitioner Signature

10-18-2018 / 2114
Date/Time Report Completed

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

Chest compressions and PPV were continued until hospital staff took over care upon arrival. The neonate was cared for in the ER. Cardiac activity and respirations were established approximately 25 minutes after birth. By then the baby's pH was critically altered and extensive damage had occurred. The infant was transferred to Wolfsons Childrens Hospital from Baptist Beaches and a 72 hour cooling protocol was continued. The neonate was warmed and assessed by neurologists after 72 hours. A diagnosis was made that he had ~~ere~~ cerebral palsy, was deaf and blind and would be feeding tube dependent if the gag reflex did not return within a day or so. He was able to breath on his own. At the time of this report the neonate is living, however it is likely that care will be removed.

Part IV: Patient Identification

Patient Name: [redacted]

Patient Addre: [redacted]

City: [redacted]

Part V: Practitioner Signature

Practitioner Signature

10-18-2015 / 2114
Date/Time Report Completed

DOH Consumer Services

MAY 22 2019

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Practitioner Name: Angela Love
License Number: ARNP 3390252

Part II: Adverse Incident General Information

Incident Date: 5/6/2019 **Incident Time:** around 0300

Address where incident ocurred: 1000 36th St Vero Beach

City: Vero Beach **State:** FL **ZIP:** 32960

This address is a:

- ☐ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name):
- ☒ Other (please specify): Hospital - Indian River Medical Center/Cleveland Clinic

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☒ A fetal or newborn death occurred.
  - ☒ Y ☐ N The fetal or newborn death was a stillbirth.
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☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

See attached sheet

Part IV: Patient Identification

[redacted]

Part V: Practitioner Signature

a Love

Practitioner Signature

5/10/19 1216

Date/Time Report Completed

Adverse Incident (Narrative Summary)

4/29/19-[redacted] had prenatal visit in the office at 41.2 weeks pregnant. Fetal movement was great. All vital signs normal. Cervix was closed/50/0. Discussed risks of being overdue. She signed informed consent/refusal sheet about post-dates. She did not want induction of labor.

5/2/19-[redacted] had an ultrasound at 41.5 weeks pregnant. Fetal biophysical profile was 8/8-Perfect. Included normal amniotic fluid.

5/6/19-42.1 weeks pregnant. [redacted] went to work. She worked a half day and stopped when she started having mild contractions every 6 minutes. She called me on her way home and told me she hadn't felt her baby move since last night. I went to her house and could not hear any fetal heart tones. I immediately called 911, and then rode in the ambulance with her. I called ahead to the hospital and sent records. When we arrived, the ultrasound performed immediately at bedside showed no cardiac activity. After a while the doctor broke her water bag and got labor going. She labored all day and pushed for 3 hours. Baby was born vaginally. The placenta and cord looked normal. The baby girl did not have any visible defects. The parents refused autopsy.

a Love

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®

7018 2290 0000 5614 5949

Angela Love
NAME 126 43rd Ave. SW
Vero Beach, FL 32968
STREET

CITY STATE ZIP

☐ CHECK HERE IF NEW ADDRESS

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Dept of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee FL 32399-3275

32399327501

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Practitioner Name: Margo Keane
License Number: MW 345

Part II: Adverse Incident General Information

Incident Date: 2/20/2019 **Incident Time:** [redacted]

Address where incident ocurred: [redacted]

City: [redacted] **State:** [redacted] **ZIP:** [redacted]

This address is a:

- ☒ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

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☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

On 02/19/18, [redacted] had a normal, spontaneous vaginal birth @ 21:15. There was a large gush of blood (450 mL) before placenta was delivered. At 21:33 placenta was delivered and uterus was firm/U-2 immediately afterwards. At 21:40, I recommended an IM shot of Pitocin to slow bleeding; patient refused. At 22:00 vaginal repair was performed, after which I noticed bleeding had not slowed (approx. 700 mL total) so I once again strongly recommended a shot of Pitocin, pt. accepted at that time. Bleeding slowed and patient was able to ambulate to the bathroom to void with steady gait and no dizziness (22:30). Postpartum vitals were performed as normal, during which time I noticed that the uterus was not staying firm between fundal massages and pt. complained of heavy bleeding. At 23:45 I recommended IV pitocin and/or rectal cytotec, pt. refused. At 00:00 pt. became dizzy upon standing and fainted. Pt. was placed in shock position with legs elevated while I started an IV. Fundal massage was performed and IV pitocin was given in 500mL of fluid. I discussed transport with the pt. at this time, but she refused. At 00:30 bleeding had not slowed so another 500mL of fluid was given IV as well as rectal cytotec. Once again, I strongly encouraged transport; pt. consented and EMS was called. In the hospital, an ultrasound was performed which determined no retained placenta pieces and a speculum exam revealed no cervical lacerations.

Continued →

Part IV: Patient Identification

Patient Name [redacted]

Patient Addre [redacted]

City: [redacted] **State:** [redacted] **ZIP:** [redacted]

Part V: Practitioner Signature

Practitioner Signature

03/05/19, 17:00
Date/Time Report Completed

D+C was not indicated and patient did not require blood products. IV pitocin was given and patient was monitored and discharged the next day. Discharge hemoglobin was 8g/dL. Patient admitted to us after that she had been taking large doses of tumeric supplements, without our knowledge, to help with a sprained wrist which probably contributed to her bleeding. Postpartum care has continued as normal.

Y TO SEAL

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FROM: (PLEASE PRINT) PHONE ( )

Midwife Love
126 43rd Ave SW
Vero Beach, FL
32968

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☐ Sunday/Holiday Delivery Required (additional fee, where available*)
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TO: (PLEASE PRINT) PHONE ( )

Dept. of Health-Consumer Services
4052 Bald Cypress Way
Bin C-75
Tallahassee, FL

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Date Accepted (MM/DD/YY)	**Scheduled Delivery Time**	**Insurance Fee**	**COD Fee**
3-6-19	☐ 10:30 AM ☒ 3:00 PM ☐ 12 NOON	$	$
Time Accepted	**10:30 AM Delivery Fee**	**Return Receipt Fee**	**Live Animal Transportation Fee**
1055 ☒ AM ☐ PM	$	$	$
Special Handling/Fragile	**Sunday/Holiday Premium Fee**	**Total Postage & Fees**	
$	$	$ 25.50	
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lbs. 3 ozs.	JKM		

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Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	☐ AM ☐ PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	☐ AM ☐ PM	

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FAX COVER SHEET

TO	Consumer Services Unit
COMPANY	FL Dept of Health
FAX NUMBER	18504880796
FROM	Suzanne Hurley
DATE	2019-05-08 19:26:08 GMT
RE	Incident Report filed by Valentina Babinsky APRN CNM

COVER MESSAGE

Attachedare:

1) Adverse Incident Report for Planned Out-of-Hospital Births and

2) Exhibits to the Report.

Thank you.

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

Submit form to:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, Florida 32399-3275

Part I: Practitioner Information

Section 456.0495, Florida Statutes, requires an adverse incident, defined as an event associated with a planned out-of- hospital birth over which a physician licensed under Chapter 458 or Chapter 459, a nurse midwife certified under part I of Chapter 464, or a midwife licensed under chapter 467 could exercise control, to be reported to the Department of Health within 15 days of the incident. Adverse incidents include maternal death; maternal hemorrhagic shock or transfusion; fetal or newborn death including a stillbirth; certain traumatic physical or neurological birth injuries; or a transfer of a newborn to a neonatal intensive care unit under specific circumstances. ***This form does not replace any other adverse incident report required by the statutes and rules governing your specific profession.***

Practitioner Name: Valentina Jude Babinski, CNM

License Number: APRN 9268374

Part II: Adverse Incident General Information

Incident Date: April 23, 2019 **Incident Time:** Unknown

Address where incident ocurred: Unknown (occurred during ambulance transport)

City: Ft. Walton Beach **State:** FL **ZIP:**

This address is a:

- ☐ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name):
- ☒ Other (please specify): Street chosen by EMS en route to the hospital

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☒ A fetal or newborn death occurred.
  - ☐ Y ☐ N The fetal or newborn death was a stillbirth.
- ☐ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☐ N This transfer occurred due to a brachial plexus injury.

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Introduction to 15-Day Incident Report

Valentina Babinski, CNM APRN, files this Report pursuant to Section 456.0495(1)(d), Fla. Stat. (2018). This Report is filed under subsection (1)(d) of the Statute because CNM Babinski was the attending nurse midwife for a planned home birth that resulted in a fetal death. However, CNM Babinski was not present when the death occurred. The death occurred after she handed over full responsibility of the laboring mother to EMS for a transfer to hospital. This Report is filed strictly because the transfer was arranged, and the subsequent death "associated" with a *planned* delivery of the baby by the licensee.

Facts

On April 22, 2019, 38 year old [redacted] client/patient of CNM Babinski's since October, 2018, went in to active labor for a planned home delivery. Prior to this time, [redacted] saw the CNM for clinical examinations on Oct. 4 & Nov. 30, 2018 and Jan. 4, Jan. 24, Feb. 15, Mar. 8, Mar. 15, Mar. 26, Apr. 2, 2019, and Apr. 11, 2019. She was screened and determined to be an appropriate candidate for a planned home birth as she had chosen. At no time during her prenatal care did a sign or symptom arise that would require a transfer of care for the patient from the CNM ARNP to a higher level of care.

Significantly, on October 4, 2018, patient [redacted] and CNM Babinski agreed to and signed an Informed Consent Agreement which, in pertinent part, reads: "Should any health problems arise during labor that would preclude giving birth at home, I am aware of the need for and hereby consent to my immediate transfer to the hospital labor and delivery area for further care and treatment." See Informed Consent for Care/Shared Decision-Making, attached as *Exhibit A*.

See 3 Additional Pages of the Incident Report & Exhibits, attached.

Part IV: Patient Identification

Patient Name: [redacted]

Patient Address: [redacted]

City: [redacted] **State:** [redacted] **Zi** [redacted]

Part V: Practitioner Signature

V. Babinski CNM
Practitioner Signature

Attorney preparing Report
Suzanne Hurley, Esq. 3:00 PM May 8, 2019
Date/Time Report Completed

Suzanne Suarez Hurley, P.A.
Post Office Box 172474
Tampa, FL 33672

On April 21, 2019, patient [redacted] was in early labor. Fetal Health Tones (FHTs) were assessed at 146, a normal finding. [redacted] went into active labor at 7:47 PM on April 22, at which time FHTs were measured by the CNM at 148. The fetus was in normal position (vertex) throughout the labor. As [redacted] labored, CNM Babinski continued to monitor the Fetal Heart Tones (FHTs) and the well-being of the laboring mother.

> **During the intrapartum period, the midwife's role is to be the guardian of the birth environment. [The midwife] provides physical and psychological labor support, as well as attention to comfort and progress using simple interventions when necessary. The woman depends on the midwife's ability to assess for continued normalcy. . . . *Varney's Midwifery*, Chap. 32, Birth in the Home and Birth Center, p. 1076 (2015).**[1]

The following was taken from [redacted] intrapartum record:

On	**04 21 2019**	**at 6:45 PM**	**FHTs were**	**146**
	04 22 2019	**at 7:47 PM**		**148**
		at 8:30 PM		**145**
		at 10:00 PM		**140**
	04 23 2019	**at 1:30 AM**		**138**
		at 2:41 AM		**151**
		at 3:24 AM		**140**
		at 3:47 AM		**148**
		at 4:35 AM		**148**
		at 6:24 AM		**138**
		at 7:05 AM		**138**
		at 7:48 AM		**140**
		at 9:00 AM		**132**
		at 8:37 AM		**134**
		at 10:06 AM		**148**
		at 10:33 AM		**154**
		at 11:03 AM		**130**
		at 11:34 AM		**140**
		at 12:13 PM		**80**

[1] *Varney's Midwifery* is an authoritative text used to train certified nurse midwives.

When the FHTs suddenly and unexpectedly dropped to 80 beats per minute, CNM Babinski immediately repositioned patien[redacted]n her left side, administered oxygen, and called 911. This is exactly what ACNM Standards require.

> **Abnormal fetal heart rate patterns may require emergency transport to the hospital. Variant fetal heart rate patterns that do not resolve with increased hydration, a change in maternal position and a brief period of oxygen by mask, indicate that the fetus is at increased risk. . . A transfer to the hospital is indicated. . . *Varney's Midwifery*, Chap. 32, Management of Urgent Emergency Clinical Situations, p. 1088 (2015).**

See also: The Home Birth Practice Manual, Third Ed., American College of Nurse Midwives (2016), page 178, *Fetal Distress* listed in "Conditions that May Require Collaboration or Referral," attached as *Exhibit B*. And *see also Varney's Midwifery* (2015), Chapter 32, Birth in the Home and Birth Center at *Evidence of fetal intolerance of labor* in Common Indications for a Change in Birth Site from Home or Birth Center to Hospital at Box 32-3, p. 1080, attached as *Exhibit C*.

Once oxygen was being administered, the FHTs rose to 120 beats per minute. EMS arrived but did not allow CNM Babinski to attend her patient in the ambulance during the transport. Instead, the nurse midwife was required by EMS to turn over full care of patient [redacted]nd her unborn child to EMTs who, unlike the CNM, were *untrained* in fetal monitoring and neonatal resuscitation. CNM Babinski stressed and EMS agreed to assure that oxygen would continue to be administered to the mother during the transport. The EMTs informed CNM Babinski that she would have to follow them in a separate vehicle.

The last FHTs recorded by CNM Babinski before patien[redacted]was transferred were **118** and **126** so the nurse midwife Babinski believed that a safe transfer would ensue. As soon a[redacted]as safely loaded into the ambulance, CNM Babinski called Ft. Walton Beach Medical Center Labor and Delivery and provided the L&D Charge Nurse a full report so that the hospital could be prepared to receiv[redacted] for a probable STAT caesarean section.

However, after arrival to the hospital, Nurse Midwife Babinski was informed that her client, [redacted] baby died in utero during the ambulance transfer. Babinski does not currently possess a copy of the EMS records so is without knowledge as to when the baby's heart tones ceased or where the fetal death occurred.

Law

Applicable law: Under Florida law, a nurse midwife may, to the extent authorized by physician protocol, ...manage a patient during labor and delivery..., §464.012(4)(b)2., manage the medical care of the normal obstetric patient, §464.012(4)(b)7., manage medical problems, §464.012(4)(c)1., and initiate appropriate therapies for certain conditions, §464.012(3)(b). CNM Babinski's Protocols authorize all of these. *See* APRN Protocol Agreement, attached as *Exhibit D*.

During intrapartum care [redacted] CNM Babinski's Protocols specifically authorized her to assess maternal and fetal status, which she did. It further

authorized Babinski to diagnose indicators of deviations from normal, including complications and emergencies.

The Florida Board of Nursing recognizes the American College of Nurse Midwives (ACNM) as the specialty Board that sets Standards and scope of practice statements applicable to Certified Nurse Midwives. Fla. Admin. Code 64B-9-4.002(3)(b)&(4)(e).

When it comes to a transfer from planned home birth to hospital, ACNM Guidelines are specific that the nurse midwife should continue to provide routine or urgent care en route to the hospital in coordination with EMS. *Best Practice Guidelines: Transfer from Planned Home Birth to Hospital,* Home Birth Summit 2013.[2] *See* Best Practice Guidelines: Transfer from Planned Home Birth to Hospital, attached as *Exhibit E.*

When the EMS receives a patient after being called but prohibits a nurse-midwife from accompanying and attending her patient during a transfer, then EMS assumes full responsibility for mother and baby. This is what happened here and is why CNM Babinski cannot fully fill out this form. She was not present at the time that the full-term fetus died. Other than the fact that the ambulance left for the hospital with [redacted] board, CNM Babinski does not have personal knowledge of what happened in the ambulance after she transferred care of her client into the hands of the EMS.

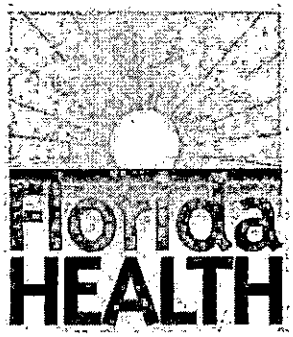
Conclusion

Nurse Midwife Babinski complied perfectly with all ACNM Standards (as required by Florida law and by her Protocols) and, as such, with all relevant standards of the Florida Board of Nursing. She did her best and made all decisions with the best interests of the mother and unborn baby in mind. She was very upset to learn what happened to patient [redacted] and her unborn baby after EMS took them without allowing her to accompany and monitor them.

To date CNM Babinski is unaware as to whether an autopsy was performed to determine causes or contributing factors that may have led to the unexpected fetal intolerance of labor (decelerations of the FHTs) and death in utero of the fetus. She is sad and grieving over the loss her client experienced.

---

[2] The Home Birth Summit's Guidelines were endorsed by ACNM in its Number 61, November 2015 Clinical Bulletin, *Midwifery Provision of Home Birth Services*, at p. 130, *Transfer from the Home to a Hospital Setting*, 1st paragraph & footnote 7. See ACNM Clinical Bulletin No. 61, Nov. 2015, attached as *Exhibit F.*



DOH Consumer Services

MAY 17 2019

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

Submit form to:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, Florida 32399-3275

Part I: Practitioner Information

Section 456.0495, Florida Statutes, requires an adverse incident, defined as an event associated with a planned out-of- hospital birth over which a physician licensed under Chapter 458 or Chapter 459, a nurse midwife certified under part I of Chapter 464, or a midwife licensed under chapter 467 could exercise control, to be reported to the Department of Health within 15 days of the incident. Adverse incidents include maternal death; maternal hemorrhagic shock or transfusion; fetal or newborn death including a stillbirth; certain traumatic physical or neurological birth injuries; or a transfer of a newborn to a neonatal intensive care unit under specific circumstances. ***This form does not replace any other adverse incident report required by the statutes and rules governing your specific profession.***

Practitioner Name: Tara L. Dertra, L.M.
License Number: MW#227

Part II: Adverse Incident General Information

Incident Date: 4/29/19 **Incident Time:** 19:14

Addr

City:

This

- ☑ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☑ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.
  - ☐ Y ☑ N The fetal or newborn death was a stillbirth.
- ☑ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☑ N This transfer occurred due to a brachial plexus injury.

☑ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

@ 1914 4/29/19 Pt was laboring on hands + knees in birth pool. Had just started pushing, SROM followed by pt collapsing, dicorticate posturing + losing consciousness. Respiratory collapse followed by immediate cardiac arrest. CPR was performed while waiting for paramedics to arrive. Presented as classic amniotic fluid embolism.

Part IV: Patient Identification

Patient Name: [redacted]

Patient Address: [redacted]

City: [redacted]

Part V: Practitioner Signature

[signature], [illegible]
Practitioner Signature

5/15/19 @ 1411
Date/Time Report Completed

T. Detta
110 F St.
St. Augustine, FL 32080

JACKSONVILLE FL 320

15 MAY 2019 PM 2 L

Dept. of Health, Consumers Services Unit
4052 Bald Cypress Way, BIN C-75
Tallahassee, FL 32399-3275

32399-327599

[redacted]

Adverse Incident Report for Planned Out-of-Hospital Births

DOH Consumer Services Florida Department of Health

MAY 24 2019

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4052 Bald Cypress Way, Bin C-75
Tallahassee, Florida 32399-3275

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Practitioner Name: Angela Love
License Number: APRN 3390252

Part II: Adverse Incident General Information

Incident Date: 5/5/2019 **Incident Time:** 15:22

Address where incident occurred: [redacted]

City: [redacted]

This address is a:

- ☒ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☒ A fetal or newborn death occurred.
  - ☒ Y ☐ N The fetal or newborn death was a stillbirth.
- ☐ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☐ N This transfer occurred due to a brachial plexus injury.

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

5/5/2019 15:55 Maternal patient is 31Y gravida 1, para 0 at 42w 1d gestation with estimated delivery date of April 20, 2019 brought to Cleveland Clinic Indian River Hospital via EMS by Midwife Love after being unable to auscultate fetal heart rate at home. Patient admits to fetal movement last night and states today she did not feel the baby move.

Midwife antenatal record shows prenatal care starting at 11weeks gestation with approximately 15 visits. On arrival to hospital L&D unit bedside ultrasound, performed by OG/GYN, shows no fetal heart rate. Confirmatory ultrasound shows estimated fetal weight of 3823 grams, AFI 8.7, fundal placenta, no signs of abruption and no fetal heart rate.

Midwife notes date confirming ultrasound 12/3/18 at 20 weeks. Last prenatal visit was 4/29/2019, A biophysical profile 5/2/2019, score 8/8. Patient reported she went to work and came home due to pain. Doula was present at home prior to Midwife arriving. Patient was in labor with contractions 2 minutes apart. On arrival to hospital contractions were noted, patient denied leakage of fluid or bleeding, cervix was closed. After epidural placed, patient labored, IUFD was delivered with pea soup thick meconium fluid 5/6/2019 at 02:10.

Midwife prenatal record lists no supervising physician, no physician exams; no NST (Fetal Non-Stress Tests) recorded in the prenatal record. There is no maternal education documented. L&D RN discussed patient saying she did not know there were potential risks associated with late / postdate delivery. Physician asked why she was waiting so long. Patient responded the midwife told her it was OK.

Placental Pathology demonstrates: Third trimester placenta with small peripheral infarct and calcifications, congested three-vessel cord, chorioamnionic membranes with squamous metaplasia and pigmented macrophages consistent with meconium staining. American College of Obstetricians and Gynecologists acknowledge increased maternal and neonatal morbidity & mortality associated with late and post term pregnancy.

Review with the State of Florida Nursing and Medical Boards have been unable to identify any participating / supervising physician for APRN, Midwife Love.

Part IV: Patient Identification

Patient Name: [redacted]

Patient Addres [redacted]

City: [redacted]

Part V: Practitioner Signature

GEORGE FUFFE, MD

George Fuffe

Practitioner Signature

5/17/19.

Date/Time Report Completed

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Indian River Hospital
1000 36th Street
Vero Beach, Florida 32960

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02 4W
0000339648 MAY 20 2019

Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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JUN 1 8 2019

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

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4052 Bald Cypress Way, Bin C-75
Tallahassee, Florida 32399-3275

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Practitioner Name: Naomi Mizrachi

License Number: LM 341

Part II: Adverse Incident General Information

Incident Date: 4/7/19 **Incident Time:** 4:43

Address where incident ocurred:

City:

This address is a:

- ☑ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.

  ☐ Y ☐ N The fetal or newborn death was a stillbirth.

- ☐ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.

  ☐ Y ☐ N This transfer occurred due to a brachial plexus injury.

☑ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

Newborn transferred 2 hours after birth due to breathing difficulty + ↓ pulse ox.
Labor and birth were uncomplicated.
Baby was transferred to Golisano Childrens Hosp. and was placed on life support. Life support was discontinued on 4/8/19 due to Kidney failure. Infant was diagnosed with persistant pulmonary hypertension.

Part IV: Patient Identification

[redacted]

Part V: Practitioner Signature

Practitioner Signature

5/5/19 3:04AM
Date/Time Report Completed

FT MYERS
FL 339
12 JUN '19
PM 1 L

A70680525 1838 18
FOREVER

Dept. of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee FL 32399-3275

32399-327599

[redacted]dverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

Submit form to:
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4052 Bald Cypress Way, Bin C-75
Tallahassee, Florida 32399-3275

Part I: Practitioner Information

167

Section 456.0495, Florida Statutes, requires an adverse incident, defined as an event associated with a planned out-of- hospital birth over which a physician licensed under Chapter 458 or Chapter 459, a nurse midwife certified under part I of Chapter 464, or a midwife licensed under chapter 467 could exercise control, to be reported to the Department of Health within 15 days of the incident. Adverse incidents include maternal death; maternal hemorrhagic shock or transfusion; fetal or newborn death including a stillbirth; certain traumatic physical or neurological birth injuries; or a transfer of a newborn to a neonatal intensive care unit under specific circumstances. ***This form does not replace any other adverse incident report required by the statutes and rules governing your specific profession.***

Practitioner Name: TANASHIA ROBERTS HUFF
License Number: MW 362

Part II: Adverse Incident General Information

Incident Date: JULY 8, 2019 **Incident Time:** 0832

[redacted]

This address is a:

- ☒ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.
  - ☐ Y ☐ N The fetal or newborn death was a stillbirth.
- ☐ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☐ N This transfer occurred due to a brachial plexus injury.

☒ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

CLIENT WAS A G7/4/1/1/5, 37.4 WGA, GBS NEGATIVE. CLIENT CONTACTED MIDWIFE AT 0525 STATING THAT SHE THOUGHT SHE WAS IN EARLY LABOR. MIDWIFE ARRIVED AT CLIENT'S HOME AT 0600. ASSESSMENT WAS COMPLETED. CERVIX WAS 4CM/60%/-2. MEMBRANES INTACT. FETAL HEART TONES REASSURING. MATERNAL VITAL SIGNS WITHIN NORMAL LIMITS. CLIENT COPING WELL. CLIENT PLANNING WATER BIRTH. LABOR PROGRESSED WITHOUT INCIDENT. AT 0730 CLIENT REQUESTED VAGINAL EXAM BEFORE ENTERING BIRTH POOL. EXAM WAS 6CM/80%/-1. CLIENT ENTERED POOL. CONTINUED TO COPE WELL. FETAL HEART TONES REASSURING AND MATERNAL VITAL SIGNS WITHIN NORMAL LIMITS. AT 0815 CLIENT REQUESTED FOR ARTIFICIAL RUPTURE OF MEMBRANES. MIDWIFE DISCUSSED RISKS AND BENEFITS. VERBAL CONESNT FOR AROM GIVEN. AROM: RETURN OF LARGE AMOUNTS OF CLEAR FLUID. FHTS WNL. EXAM WAS 10CM/100%/+1. 0829: CLIENT EXITS BIRTH POOL FOR COMFORT AND LAYS ON BED. BABY BOY SPONTANEOUSLY DELIVERS AT 0832. HE IS PLACED SKIN-TO-SKIN WITH MOM, DRIED, AND STIMULATED. BABY IS VIGOROUS WITH GOOD COLOR, TONE, AND SPONTANEOUS RESPIRATIONS. APGARS 9 & 9. AT 0845 BABY BEGINS TO HAVE MILD GRUNTING. NO RETRACTIONS OR NASAL FLARING. VITAL SIGNS WNL. MIDWIFE PERFORMS CHEST PERCUSSION THERAPY & POSTURAL DRAINAGE. MIDWIFE DISCUSSES WITH CLIENT WHAT IS HAPPENING AND POSSIBLE NEED FOR TRANSFER IF BABY DOES NOT TRANSITION. GRUNTING IMPROVES. BABY REMAINS SKIN-TO-SKIN WITH MOM. APPROXIMATELY AT 1000, GRUNTING INCREASES AND RESPIRATORY RATE INCREASES TO 60S. MIDWIFE INFORMED CLIENT AND SPOUSE THAT BABY NEEDS EXTRA CARE AND NEEDS TRANSFER TO HOSPITAL. MOM AND BABY TRANSPORTED TO TALLAHASSEE MEMORIAL HOSPITAL VIA AMBULANCE. MIDWIFE MEETS THEM AT HOSPITAL TO GIVE REPORT AND PROVIDE RECORDS.

BABY ADMITTED TO NICU WITH DIAGNOSIS OF PNEUMONIA.

[redacted]

Part V: Practitioner Signature

Tamashi R. Huff, RN

Practitioner Signature

July 14, 2019 at 0925

Date/Time Report Completed

Huff
5575 Lily Pond Ct
Tallahassee FL 32303

TALLAHASSEE
FL 323
15 JUL '19
PM 2 L

FOREVER 9168906180950 20 USA

Dept of Health, Consumer Services Unit
4052 Bald Cypress Way # C-75
Tallahassee FL 32399-3275

32399-327599

[redacted]

Adverse Incident Report for Planned Out-of-Hospital Births

Florida Department of Health

Submit form to:
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Tallahassee, Florida 32399-3275

Part I: Practitioner Information

Section 456.0495, Florida Statutes, requires an adverse incident, defined as an event associated with a planned out-of- hospital birth over which a physician licensed under Chapter 458 or Chapter 459, a nurse midwife certified under part I of Chapter 464, or a midwife licensed under chapter 467 could exercise control, to be reported to the Department of Health within 15 days of the incident. Adverse incidents include maternal death; maternal hemorrhagic shock or transfusion; fetal or newborn death including a stillbirth; certain traumatic physical or neurological birth injuries; or a transfer of a newborn to a neonatal intensive care unit under specific circumstances. ***This form does not replace any other adverse incident report required by the statutes and rules governing your specific profession.***

Practitioner Name: Naomi Mizrachi
License Number: LM 342

Part II: Adverse Incident General Information

Incident Date: 5/16/19 **Incident Time:** 17:20

[redacted]

This address is a:

- ☑ Home/Private Residence
- ☐ Physician's Office
- ☐ Birthing Center (specify name): _____
- ☐ Other (please specify): _____

Please check all that apply:

- ☐ A maternal death occurred during delivery.
- ☐ A maternal death occurred within 42 days after delivery.
- ☐ The maternal patient was transferred to a hospital intensive care unit.
- ☐ The maternal patient experienced hemorrhagic shock.
- ☐ The maternal patient required a transfusion of more than 4 units of blood or blood products.
- ☐ A fetal or newborn death occurred.
  - ☐ Y ☐ N The fetal or newborn death was a stillbirth.
- ☑ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
  - ☐ Y ☑ N This transfer occurred due to a brachial plexus injury.

☐ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

Mother and baby transferred due to unexpected breech presentation, during delivery.
Infant was delivered at Gulfcoast Hospital by LM342 after being stuck in birth canal for 33min.
Infant was non responsive no heart rate was detected upon delivery. Infant was worked on by medical staff in ER who were able to get HR and continued life support. Infant was transferred to Galisano Childrens hospital. Parents discontinued life support measures due to lack of brain activity, on 5/19/19.

Part IV: Patient Identification

[redacted]

Part V: Practitioner Signature

Practitioner Signature

6/10/19 June 10th 2019
Date/Time Report Completed

N. MIZRACHI
4620 GAIL BLVD
NAPLES FL 34104

FT MYERS FL 339

23 JUL 2025 PM 2 L

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